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AUG 25 2004

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28970 7590 05/27/2004

CANTOR COLBURN LLP
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Patricia DiGregorio

(Depositor's name)

August 23, 2004

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/839,217	04/23/2001	Alan L. Kregel	BS00-079-CIP	4735

TITLE OF INVENTION: MISSED CALL NOTIFICATION TO CELLULAR TELEPHONE USING SHORT TEXT MESSAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CUMMING, WILLIAM D	2683	455-458000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Corporation

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Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1130 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

David A. Fox

August 23, 2004

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01 FC:1501

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